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TO: U.S. Patent & Trademark Office
FROM: Caroline Dennison Tel.: 703.584.3267
FAX NO.: 703-872-9306
RE: U.S. Serial No. 10/715,566 / Attorney Dkt. 12266
of PAGES: 28 + cover page
DATE: April 28, 2005

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Transmitted herewith:

Transmittal Form
Fee Transmittal
Amendment
Request for Corrected Filing Receipt
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TRANSMITTAL FORM

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/715588
		Filing Date	11/19/2003
		First Named Inventor	O'CONNOR
		Art Unit	1734
		Examiner Name	S.P. Chan
Total Number of Pages in This Submission	28	Attorney Docket Number	12266

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Request for Corrected Filing Receipt and Patent Office Records
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ROBERTS, MŁOTKOWSKI & HOBBS, PC Customer No. 25570		
Signature			
Printed name	Caroline D. Dennis		
Date	April 28, 2005	Reg. No.	34,494

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Caroline D. Dennison	Date	April 28, 2005

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FEE TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
180.00

Complete if Known	
Application Number	10/715,566
Filing Date	11/19/2003
First Named Inventor	O'Connor, Lawrence J
Examiner Name	S. Chan
Art Unit	1734
Attorney Docket No.	12268

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.14(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Fee under Rule 17(b)

\$180.00

SUBMITTED BY

Signature	<i>Caroline D. Dennison</i>	Registration No. (Attorney/Agent) 34,494	Telephone 703-584-3267
Name (Print/Type)	Caroline D. Dennison		Date April 28, 2005

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